

**SUPPLEMENTAL APPLICATION DATA SHEET** Docket No. TPI-5053C3XC1T

**Application Information**

<u>Application No.::</u>	<u>10/599,010</u>
<u>Filing date::</u>	<u>09/18/06</u>
Application Type::	Regular (National Stage)
Subject Matter::	Utility
Suggested Classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Number of CD disks::	None
Number of copies of CDs::	None
Sequence submission?::	None
Computer Readable Form?::	No
Number of Copies of CRF::	None
Title::	NOVEL PHARMACEUTICAL FORMS, AND METHODS OF MAKING AND USING THE SAME
Attorney Docket Number::	TPI5053USPCT1 <u>TPI-5053C3XC1T</u>
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	None
Total Drawing Sheets::	17
Small Entity?::	No
Petition included?::	No
Petition Type::	N/A
Secrecy Order in Parent Appl.?::	No

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## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Unknown  
Inventor One Given Name:: Magali Bourghol  
Family Name:: Hickey  
City of Residence:: Medford  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 342 Malden Street  
City of Mailing Address:: Medford  
State or Province of mailing address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02155

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Unknown  
Inventor Two Given Name:: Matthew L.  
Family Name:: Peterson  
City of Residence:: Hopkinton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 25 Downey Street  
City of Mailing Address:: Hopkinton  
State or Province of mailing address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01748

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## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US\_IS  
Status:: Unknown  
Inventor Three Given Name:: Örn  
Family Name:: Almarsson  
City of Residence:: Shrewsbury  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 22 Farmington Drive  
City of Mailing Address:: Shrewsbury  
State or Province of mailing address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01545

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US\_UK  
Status:: Unknown  
Inventor Four Given Name:: Michael J.  
Family Name:: Zaworotko  
City of Residence:: Tampa  
State or Province of Residence:: FL  
Country of Residence:: US  
Street of Mailing Address:: 19133 Dove Creek Drive  
City of Mailing Address:: Tampa  
State or Province of mailing address:: FL  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 33647

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## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JM  
Status:: Unknown  
Inventor Five Given Name:: Tanise  
Family Name:: Shattock  
City of Residence:: SunriseOrlando  
State or Province of Residence:: FL  
Country of Residence:: US  
Street of Mailing Address:: 1871 N.W. 59th Avenue, Apt. B-3707 S. Lake Orlando Pkwy, Apt 7  
City of Mailing Address:: SunriseOrlando  
State or Province of mailing address:: FL  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 33313 32808

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Unknown  
Inventor Six Given Name:: Jennifer  
Family Name:: McMahon  
City of Residence:: Tampa  
State or Province of Residence:: FL  
Country of Residence:: US  
Street of Mailing Address:: 18131 Cypress Reach Lane 8801 Hunters Lake Drive, Apt. 233  
City of Mailing Address:: Tampa  
State or Province of mailing address:: FL  
Country of Mailing Address:: US

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Postal or Zip Code of Mailing Address:: 33647

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: PL  
Status:: Unknown  
Inventor Seven Given Name:: Joanna  
Family Name:: Bis  
City of Residence:: FL  
State or Province of Residence:: Tampa  
Country of Residence:: US  
Street of Mailing Address:: 14414 Reuter Strasse, Apt. 1  
City of Mailing Address:: FL  
State or Province of mailing address:: Tampa  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 33613

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Unknown  
Inventor Eight Given Name:: Julius F.  
Family Name:: Remenar  
City of Residence:: Framingham  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 9 Eaton Road  
City of Mailing Address:: Framingham  
State or Province of mailing address:: MA  
Country of Mailing Address:: US

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Postal or Zip Code of Mailing Address:: 01701

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Unknown
Inventor Nine Given Name::	Mark
Family Name::	Tawa
City of Residence::	<u>Lowell Acton</u>
State or Province of Residence::	MA
Country of Residence::	US
Street of Mailing Address::	<del>200 Market Street, Unit 510</del> <u>45 Flint Road</u>
City of Mailing Address::	<u>Lowell Acton</u>
State or Province of mailing address::	MA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	<u>01852 01720</u>

## Representative Information

Representative Customer Number:: 27777000023557

## Correspondence Information

Correspondence Customer Number::	000023557
Telephone Number One::	(352) 375-8100
Telephone Number Two::	
Fax Number::	(352) 372-5800
Electronic Mail Address::	<u>JNJUSPATENT@CORUS.JNJ.COM</u> <u>fce@slspatents.com</u>

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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	National Stage of	PCT/US2005/009305	March 17, 2005
PCT/US2005/009305	An application claiming the benefit under 35 USC 119(e) of	60/554,834	March 19, 2004
And		60/566,647	April 30, 2004
And		60/610,296	September 16, 2004
And		60/637,907	December 21, 2004

**Assignee Information**

Assignee Name::	TransForm Pharmaceuticals, Inc.
Street of Mailing Address::	29 Hartwell Avenue
City of Mailing Address::	Lexington
Country of Mailing Address::	MA
Postal or Zip Code of Mailing Address::	02421

**Assignee Information**

<u>Assignee Name::</u>	<u>University of South Florida</u>
<u>Street of Mailing Address::</u>	<u>3802 Spectrum Blvd., Suite 100</u>
<u>City of Mailing Address::</u>	<u>Tampa</u>
<u>Country of Mailing Address::</u>	<u>FL</u>
<u>Postal or Zip Code of Mailing Address::</u>	<u>33612-9220</u>